

TOWN OF DUMFRIES
BUSINESS LICENSE APPLICATION
For Year: 2011

Business Name: _____

Street Address of Business: _____

Zoning of Business Location: _____

Telephone Number: _____

Applicant's Name: _____

Applicant's Address: _____

Telephone Number: () _____

TYPE OF BUSINESS LICENSE APPLYING FOR:

_____ Contracting or Construction \$30.00 or .132 cents per \$100.00
gross receipts whichever is greater.

_____ Retail Sales \$30.00 or .165 cents per \$100.00 whichever
is greater.

_____ Financial, Real Estate or Professional Service \$30.00 or
.33 cents per \$100.00 whichever is greater.

_____ Repair, Personal or Business Service \$30.00 or .22 cents per
\$100.00 whichever is greater.

_____ Other (Specify) _____

Estimate of _____ gross receipts or preceding year's gross
receipts _____. Enclose copy of most recent schedule C
or other comparable federal document.

AMOUNT OF LICENSE TAX FOR JAN 1, THROUGH DEC 31, 2011 IS: \$ _____

ANY SPECIAL CONDITIONS OR REQUIREMENTS, IF ANY, UNDER WHICH LICENSED
ACTIVITY SHALL BE CONDUCTED: _____

I certify that the statements and figures set forth on this application
are true to the best of my knowledge.

Signature of Applicant

To Avoid Late Penalty Charge of 10%, Renew Your License By MAR 1, 2011.
Return Application and Fee to:

TOWN OF DUMFRIES
17755 MAIN STREET
DUMFRIES, VA 22026-

CERTIFICATION

I (We) do certify that the above information and amount stated as gross receipts from my business is true and correct and I have made no deductions except income on which I have paid business license tax to another city or county, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and grounds for license revocation, including making false or fraudulent statements in this application. I certify that the above business name is the same as reported on documents filed with the State and Federal Governments. I understand my business income tax returns and other documents may be inspected to verify gross income or other business data.

Signature

Title

Date

CONTRACTORS ONLY

Please note: All contractors must provide a copy of their Virginia State Contractors license with this application and must have valid Workers Compensation coverage in effect for the time period covered by this license. Failure to have proper coverage will cause your license to be revoked.

____ I certify that I am in compliance with the provisions of the Virginia Workers Compensation Act and I will notify the TOWN OF DUMFRIES if this coverage lapses during the period that this license is in effect.

I hereby swear (or affirm) that the statements are true, full and correct to the best of my knowledge.

Signature

Date